Criminal Justice Council

Working Paper #1

WORKING PAPER #1 SUBMITTED
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Youth Violence

In The City of Wilmington

Revised November 2002

Revised

Criminal Justice Council

Working Paper
On
Youth Violence in the City of Wilmington

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Acknowledgements:

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Introduction

In response to recent trends in juvenile crime; more specifically gun-related offenses in the City of Wilmington, the staff of the Criminal Justice Council is introducing this working paper as an attempt to continue the identification of at-risk populations, risk factors and protective factors in the community. The objective of this work is to encourage discussion and communication that will lead to a collaborative effort and possible program development that will reduce the occurrence of juvenile violence in the City of Wilmington.

Driven by a recent study conducted by Arthur Garrison of the Criminal Justice Council that analyzed shootings in the City of Wilmington over a five-year period (Garrison, 2002), concern has risen regarding specific populations and areas that are increasingly becoming more violent, regardless of prevention and Law Enforcement dollars and efforts that have served the community. It is with that concern in mind, that this working paper will challenge policy makers, community leaders, and youth activist to engage in dialogue that will produce a unified, collaborative approach to combat youth violence.

Using an approach similar to the "Communities That Care Model" developed by doctors J. David Hawkins, Ph.D and Richard F. Catalano, Ph.D, the Criminal Justice Council will focus on the risk factors that lead to juvenile delinquency including Community Factors, Family Factors, School Factors, and Individual/ Peer Factors. These issues will be discussed in detail in the body of this work. This on-going working paper
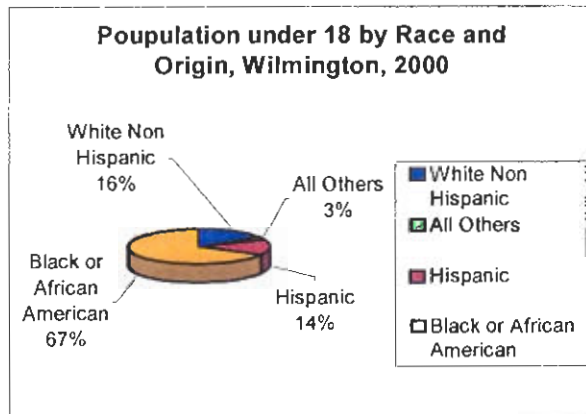
will analyze data including: demographics, family information, employment data, educational factors, poverty rates, and crime statistics.

According to countless national studies and reports, the most effective juvenile delinquency and violence prevention programs are those that are implemented early and often in the lives of at-risk children. It is the expectation of staff that the information in this work will provide the necessary data and interest to initiate the development of a pilot program that will provide a continuum of services to the youth in the most affected neighborhoods from early childhood through young adulthood.

<center>**Problem Analysis**</center>

Demographics

According to the 2000 U.S. Census, the total population of the City of Wilmington is 72,664 people. Currently, Wilmington is the largest city in the State of Delaware and represents 9.2% of the total population. Approximately one half of the population of Wilmington is male (47.8%) and one quarter of the male population is between 14 and 29 years old. The 2000 Census provided a description of the racial breakdown as it exists in the city; Wilmington's population is 32 % White / Non-Hispanic; 56% Black or African American / Non-Hispanic; 10% Hispanic; and a variable of 2% for other or mixed races. Of the total population of the city, 18,793 or 25.9% are children under the age of eighteen.

Poupulation under 18 by Race and Origin, Wilmington, 2000

White Non Hispanic 16%
All Others 3%
Black or African American 67%
Hispanic 14%

White Non Hispanic
All Others
Hispanic
Black or African American
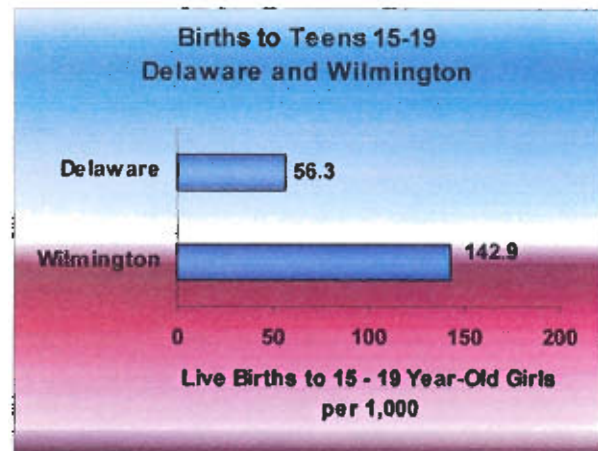
Births to Teens

Teenagers who give birth put themselves and their children at great risk. Nationally, 900,000 teen girls become pregnant every year, presenting communities and families with a huge burden of services and support that must be provided.[1] Seven out of ten teen mothers will complete high school, but the others, without adequate education have fewer opportunities for lucrative work, limiting the future of both the teen and her

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[1] The National Campaign to prevent Teen Pregnancy. Accessed 9/22/00: www.teenpregnancy.org

child.[2] Eighty-three percent (83%) of teens that carry to term and keep their babies end up in poverty, compared to 38% of teens in the general population.[3]

A five-year average of birth rates to teens, ages 15-19, in the City of Wilmington during the period of 1995 – 1999 was 142.9 per 1,000 teens. This indicates a rate almost three times that of the state rate of 56.3 per 1,000 teens and the national rate of 52.6 per 1,000 teens.

Births to Teens 15-19
Delaware and Wilmington

Delaware 56.3

Wilmington 142.9

Live Births to 15 - 19 Year-Old Girls per 1,000

The City of Wilmington clearly exhibits a problem with teen pregnancy. In 1999, there were 276 births to teens, ages 19 and under in the City of Wilmington. 83% of those births were to Black teens; 17% were to White teens; and 12 % were to Hispanic teens. Of all of the teen births in Wilmington, 42% were to teens under the age of 18.[4]

Children who are born at a low birth weight have a higher risk of dying before their first birthdays and often suffer from recurrent infections and neurological and developmental problems.[5] Studies show that African American infants are two times more likely than white infants to be born at a low birth rate.[6] In the City of Wilmington, 12.6 % of all babies born have a low birth weight compared to 8.5% statewide. There is

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[2] Ibid.
[3] Facts in Brief: Teen Sex And Pregnancy, 1999 Accessed 9/20/02: wwwalanguttmacher.org
[4] Wilmington Kids Count, Accessed Frequently, www.dekidscount.org
[5] Ibid. pg.18
[6] Shiono, P., Behrman, R. (1995). Low birth weight: Analysis and Recommendations. *The Future of Children*, Vol.5 No 1.

an even higher rate of 14.3% low birth weight babies to teenagers in the city. And accordingly, 15.2% of all births to black women experience low birth weight.[7] Low birth rate is the leading cause of infant mortality.

Risk factors associated with high rates of infant mortality include multiple births, poverty, mothers who are in their teens or over forty, and also mothers who have little education.[8] There are significant racial disparities among infant rates of mortality. From 1960 to 1997, the infant mortality rate dropped by 74% for white infants compared to 32% for African American Infants.[9] In the City of Wilmington, the infant mortality rate of black infants (18.0 per 1,000 live births) is three times greater than that of white infants (6.2 per 1,000 live births), while the citywide average as a whole has climbed to a rate of 13.7 per 1,000 live births.

Single Head of Households

Over the five-year period from 1995 to 1999, 67.5 % of live births in the City of Wilmington were to single mothers, compared to 36.5 % statewide and 32.5% nationwide. Of that number, an overwhelming 84.5% of live births to single mothers in the city were African American compared to the 61.2 % that were Hispanic and the 37.6% that were white.[10]

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[7] Wilmington Kids Count, Accessed Frequently, www.dekidscount.org
[8] Infant Mortality Fact Sheet, US. Dept. of Health and Human Services: www.healthystart.net
[9] Wilmington Kids Count, Accessed Frequently, www.dekidscount.org
[10] Ibid. Pg. 11

In the City of Wilmington, there are 7,758 total family households with children under the age of 18. That represents 49% of the total family households with children (15,581) in the State of Delaware. Of the family households in Wilmington, 4,007 or

52% are headed by single females compared to 641 or 9% headed by single males. Married couples head the remaining 3,110 or 40% of the families in the city. The 52% of single female-headed households more than doubles

Familes with Children 2000
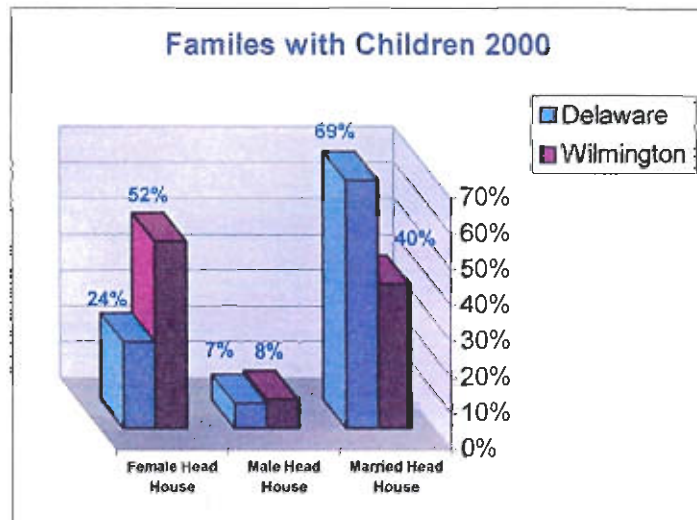
the statewide percentage of 24%.[11] And even more despairingly, the 2000 US Census has reported that 622 households are made up of families in which the grandparents are responsible for the raising of the children within the home.
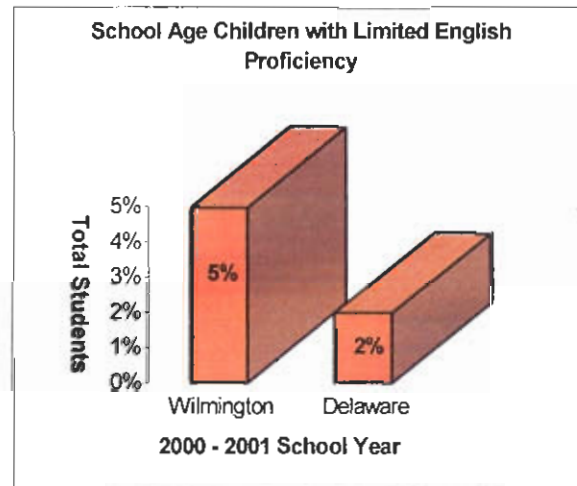
Education

Education plays a large part of the development of children. In many cases, it is the deciding factor in whether a young person will become a productive member of society or turn to a life of criminal activity. According to the Census, 83% of Caucasians attained a high school / GED degree or better while 70% of African American and 45% of Hispanics attained a high school degree or better. Only 6.2% of African Americans in the City of Wilmington have a four-year college education compared to 21.8% of Caucasians and 4.4% of Hispanics. (Garrison, 2002)

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[11] Ibid. Pg. 11

In 2001, the number of High School dropouts in the City of Wilmington decreased 4.2%. However, the city still boasts a dropout rate of 4.6 students per 1,000, compared to the state average of 4.2 dropouts per 1,000. Also, in analyzing the 2000-2001 school year, Wilmington has double the state percentage of school-age children with special needs. The Delaware Department of Education indicates that while 11% of the students in the State of Delaware have special needs and require special services, the same is true for 21% of the students in Wilmington.[12]

Another education factor in the City of Wilmington is the rate of school-aged children with limited English proficiency. According to the Department of Education, Wilmington, with 5 % of all students, has more than double the state percentage of 2 % of school-aged children with limited English proficiency.[13]

School Age Children with Limited English Proficiency

2000 - 2001 School Year

Poverty

After citing the educational gaps in the City of Wilmington, it is not surprising to note the economic factors that lead to children living in poverty. Poverty is related to every risk factor and indicator of juvenile delinquency and has both short and long-term

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[12] Ibid. Pg. 30
[13] Delaware Department of Education

effects on society. Children who grow up in poor families are more likely to go without

necessary food and clothing, lack basic
health care, live in substandard
housing, and have unequal access to
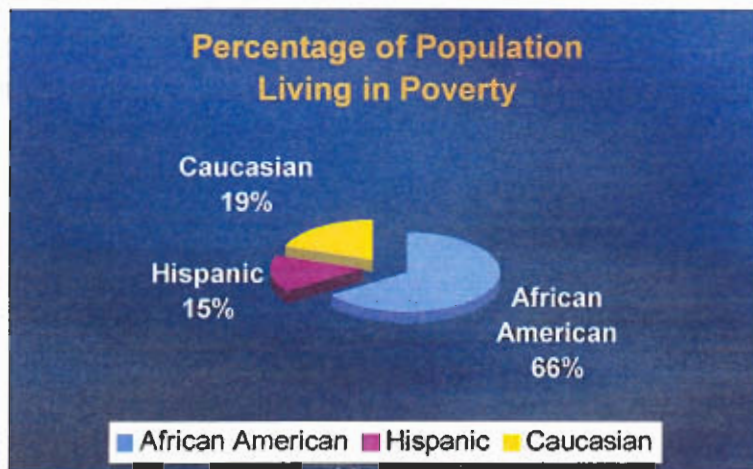educational opportunities.[14]
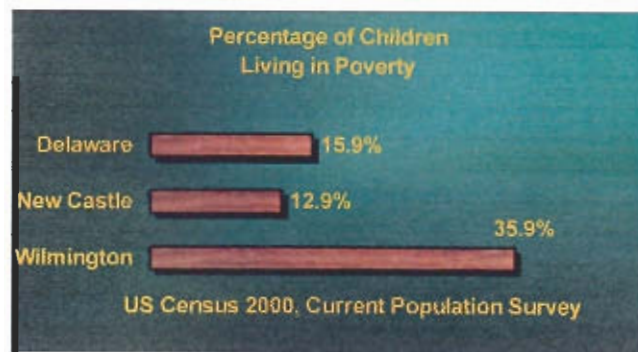
According to Wilmington Kids Count,

2001, 35.9% of all children in the City of Wilmington live in poverty, while only 12.9%

of children in New Castle County and 15.9% across the state live in the same conditions.

Poverty levels are also associated with employment data and work force indicators. While 4.3% of Caucasians are out of work, the 2000 census shows that 13.3% of African Americans are out of work and 15% of the Hispanic population is out of work. The census also shows that 14% of African American males are unemployed compared to 5.4% of Caucasian males and 15.4% of Hispanic males. (Garrison, 2002)

According to the 2000 census, half of the African American households in Wilmington have a total income of less than $30,000.00 per year, compared to 35% of Caucasian households and 49.9% of Hispanic households. Only 22.6% of Caucasian households have income of less than $20,000.00 per year compared to 35.3% of African American households and 37.4% of Hispanic households. The census shows that the median income for Caucasian households per capita is $57,490.00, compared to $34, 761.00 for African American households and $27,413.00 for Hispanic households. According to the 2000 census, 12% of Caucasians live in poverty, compared to 26% for

[14] Wilmington Kids Count, Pg. 33

Percentage of Population Living in Poverty

Caucasian 19%

Hispanic 15%

African American 66%

■ African American ■ Hispanic ■ Caucasian

African Americans, and 33.3% for Hispanics. Twenty percent of African American families with children live below the poverty line, while 31.6% of Hispanic families and 7.4% of Caucasian families live below the poverty line according to the 2000 census. In reporting these numbers more clearly, 9,968 African American, 2,340 Hispanics and 2,954 Caucasians live in poverty within the City of Wilmington. In respect to the racial breakdown of children (17 and under) living in poverty, 15.3% of Caucasian children live in poverty, compared to 32.9% African American children and 43.4% of Hispanic children.

Welfare reform has had a significant impact on the poverty rates in the United States. Factors such as food stamps and cash assistance programs have played a productive role in impacting children in poverty. While Wilmington represents only 15% of New Castle County's population, 59% of the clients receiving cash assistance lived in the city in July 2001.[15] Also 55% of the children receiving food stamps in New Castle County in 1999 lived in the City of Wilmington. On a small positive note, there has been a slight decrease in the number of children in Wilmington receiving food stamps between 1999 (5,212) and 2001 (4,997).[16]

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[15] Ibid. Pg. 34
[16] Ibid. Pg.35

Crime

The number of juveniles arrested in Delaware in 2000 totaled 8,691, an 8.1 percent increase from the 1999 total of 8,040 arrests. Statewide, the juvenile arrest rate in 2000 was 112.1 per 1,000 juveniles, up from 100.8 in 1999.[17] In examining the five year average rates of juvenile arrests and comparing the City of Wilmington to the entire state, it can be concluded that Wilmington had a rate of 127.8 arrests per 1,000 juveniles, while New Castle County had only a rate of 72.2 and the state had a rate of 93.0. Similarly, the five-year average from 1995-1999 showed that Wilmington's rate of 15.2 per 1,000 Part I Violent juvenile crime arrests doubled the state rate of 7.6 and nearly tripled New Castle County's rate of 5.8.

City of Wilmington Shooting Report: Five-Year Analysis (1996 – 2000)[18]

In January of 2002, Arthur Garrison, Criminal Justice Planning Coordinator from the Criminal Justice Council, released the five-year shooting analysis of the City of Wilmington. According to that report, there were **403** shootings in Delaware's largest city over the five-year period. A closer look at the data showed a 7% increase in the number of shootings between 1999 and 2000 and an even slightly higher number of shootings in 2001. The initial purpose of the five-year study was to re-focus the efforts of law enforcement to combat gun related violence. The data collection and analysis made it possible for policymakers to pinpoint specific neighborhoods in the war on violent crime. According to the Criminal Justice Council report, the shootings in the city of
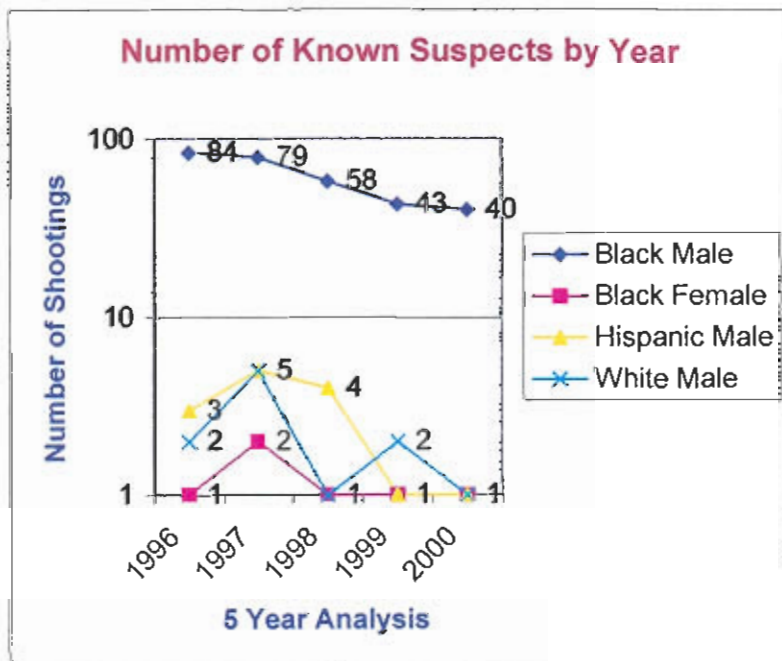
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[17] Delaware Statistical Analysis Center, Crime in Delaware 2000. Pg. 23
[18] Wilmington Shooting Report: A Five-Year Analysis 1996-2000, A. Garrison. January 2002.

Wilmington reoccur in the same general geographic areas including Southbridge, East Side, Riverside, Eastlake, and the section surrounding Market Street.

In analyzing the data further, a more discouraging and disparate picture was revealed in these neighborhoods. The five-year analysis and the subsequent 2001 update confirmed that **87.8%** of the shootings involved black victims and the majority, **83.1%** of the total known suspects were young black males between the ages of 18 and 25. Furthermore, the report illustrated that of the cases in which arrest history data on suspects is available, **62.1%** had three (3) or more felony arrests and **54.8%** had more than one (1) weapons arrest. These staggering numbers identified a population that, even though saturated with services and federal dollars over the past decade, the juvenile and criminal justice systems failed to prevent further escalated contact. It is also this study that provides us with the irrefutable facts that the overwhelming majority of gun related violence (victims and perpetrators) was enacted by African-American Males between the ages of 18 and 25 and the overwhelming majority of the victims and perpetrators are at a minimum two-time violent offenders. (Garrison, January 2002)

Number of Known Suspects by Year

Risk Factors for Health and Behavior Problems

Risk Factors	Adolescent Problem Behaviors				
	Substance Abuse	Delinquency	Teenage Pregnancy	School Dropout	Violence
Community					
Availability of Drugs	✔				
Availability of Firearms		✔			✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Media Portrayals of Violence					✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Organization	✔	✔			✔
Extreme Economic Deprivation	✔	✔	✔	✔	✔
Family					
Family History of the Problem Behavior	✔	✔	✔	✔	
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Favorable Parental Attitudes and Involvement in the Problem Behavior	✔	✔			✔
School					
Early and Persistent Antisocial Behavior	✔	✔	✔	✔	✔
Academic Failure Beginning in Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	
Individual/Peer					
Rebelliousness	✔	✔		✔	
Friends Who Engage in the Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔
Constitutional Factors	✔	✔			✔

Data Source: J.D. Hawkins, and R.F. Catalano, 1995. *Risk-Focused Prevention: Using the Social Development Strategy.* Seattle: Developmental Research and Programs, Inc.

Source: J.C. Howell, ed. 1995 (May). *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Problem Analysis Summary

In summary, the City of Wilmington clearly exhibits many, if not all, of the major indicators that lead to juvenile delinquency and crime. The city suffers from an elevated number of shootings combined with social and economic failure that influences criminal activity. Risk factors, such as, poverty, teen pregnancy, high-school dropouts, low education levels, single parent households, and racial disparity are all indicators of a birth cohort in Wilmington, that is committing offenses at a far greater rate than the rest of the state. According to the study "Delinquency in a Birth Cohort" by Dr. Marvin E. Wolfgang, "the probability of first commission (for juvenile offenses) increases from age 7 to 14, sharply peaks at age 16, and decreases to age 18". It is apparent that young people in Wilmington are consistent with these findings. Dr. Wolfgang also illustrates the first longitudinal study that suggests two-time violent offenders are at the highest level of risk for probable recidivism. According to several Criminal Justice Council studies, those findings have been proven in the City of Wilmington.

The five-year Wilmington shooting report has identified the patterns of times, days, and neighborhoods of the high number of shootings in the city. The report has also confirmed the following:

- **The overwhelming majority of perpetrators and the victims of the shootings in Wilmington are African American males between the age of 18 and 25.**

- **The overwhelming majority of perpetrators of the shootings in Wilmington are two-time violent offenders.**

It is undisputable the young African American males are at the highest risk of offending or being victimized in the City of Wilmington. It is also clear that prevention efforts must begin at an earlier age, be provided more frequently and consistently, and be expanded to include more social and economic issues. Juvenile crime is the result of a widespread breakdown of the economic, educational, and social systems. It is a factual problem that must be attacked and prevented on several coexisting planes.

In the pages that follow, Criminal Justice Council staff will provide the structure for a collaborative, intensive and well-focused prevention program that will assist policy makers in their effort to combat juvenile delinquency.

Program Development

Preface

The purpose of this section of the Wilmington Youth Violence Working Paper is to develop a programmatic approach to the reduction of youth violence in the City of Wilmington. Focusing in on the risk factors and socio-economic issues presented in the problem analysis, the staff of the Criminal Justice Council believes that the key to the reduction of violent crime in the city lies predominantly in the area of prevention.

One of the first steps toward preventing violence, according to the public health approach, is to identify and understand the factors that place young people at risk for violent victimization and perpetration. Previous research shows that there are a number of individual and social factors that increase the probability of violence during adolescence and young adulthood.[19] Some of these factors include:

Individual

- History of early aggression
- Beliefs supportive of violence
- Social cognitive deficits

Family

- Poor monitoring or supervision of children
- Exposure to violence
- Parental drug/alcohol abuse
- Poor emotional attachment to parents or caregivers

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[19] Injury Fact Book 2001-2002, CDC, US Department of Health and Human Services, www.cdc.gov/ncipc/fact_book/Index.htm. September 25, 2002.

Peer/School

- Association with peers engaged in high-risk or problem behavior

- Low commitment to school

- Academic failure

Community

- Poverty and diminished economic opportunity

- High levels of transiency and family disruption

- Exposure to violence

Over the course of the past 20 years, the Criminal Justice Council has worked in collaboration with many private, non-profit, and government agencies to provide prevention services to the youth in the City of Wilmington and across the State of Delaware. In the past, the Council has provided federal funding and technical assistance to various community centers such as the DE Boys and Girls Clubs, PAL, the YMCA resource center, and many local neighborhood youth organizations in an effort to provide a holistic approach to the prevention of juvenile delinquency. For the most part, this approach has been broad based and wide spread covering many areas in the state as well as many age groups. This would not be the case for an innovative pilot program that would reduce youth violence in the City of Wilmington.

The problem analysis section of this paper has indicated that prevention efforts in the City of Wilmington have not been successful in reducing the rate of violent crimes committed by young African-American males. Previous studies including the

Wilmington Five-Year Shooting Report (Garrison, 2002) have identified specific neighborhoods and common times for the commission of violent crime. This pilot prevention program will be focused and specific in nature. It will focus on a specific population in a specific neighborhood beginning at an early age and continuing through maturity.

In the pages that follow, Criminal Justice Council staff will develop a program structure that can be formatted and altered to meet the goal of reducing youth violence in the City of Wilmington. The process will include the selection of participants, specific neighborhoods, community centers, and the stages of development that services will be provided. For the purpose of this working paper, the program development will be generalized. However, implementation of this model should be focused and specific.

The model of this pilot program would be to select participating youth at a relatively young age, possibly four years old, and provide them with a continuum of services through each developmental stage beyond maturity. The program will be community center based and provide focused prevention services to this specific population of at-risk youth and must be a collaborative approach utilizing the services of many state and local agencies. This could not be a short term project with short term goals but must be a dedicated long term effort with the result being the evolution of at-risk youth maturing into healthy, positive and productive members of society.

Selection of Participants

According to the Criminal Justice Council Wilmington Five-Year Shooting Report (Garrison), the neighborhoods that have the highest incidence of violence include Southbridge, East Side, Riverside, Eastlake, Market Street (the bucket), and West Center City. Obviously, the target population will be chosen from one of these high areas or violent crime.

Of all the strategies ever tested to prevent delinquency, the most powerful are those aimed at children in the first four years of life.[20] It is for that reason, that staff would recommend the selection of a small group of identified youth at four years of age to participate in this pilot program. The number of total youth would need to be proportionate to the funding levels provided. Staff recommends a small group of participants, possibly between 10 and 20 youth.

This innovative program will be community center based. The community center would act as the home unit and provide the continuum of services, covering the universe from health and social services to education, tutoring and mentoring components. Obviously, the center that is chosen will have to be in close proximity to the selected neighborhood, or transportation will have to be provided. This can be discussed further in terms of funding and community readiness.

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[20] American Youth Policy Forum: "Less Hype, More Help", Richard A. Mendel, 1999. Pg. 23.

Program Services

The services that will be provided can be broken down in to developmental stages, age groups, or education levels (grades), but must be consistent. Attached to this working paper are appendices that outline different stages of development. It is the opinion of staff that services would have to be provided to youth continuously from early childhood through maturity (age 21).

Early Childhood Programs may include but are not limited to the following:

- Project Head Start

- Reading Readiness Programs

- Self-Control training

- Parent training and education

Elementary / Intermediate School programs may include but are not limited to the following:

- Parent Training

- Family Therapy

- Organizational, Educational, and Tutorial Services

- Conflict Resolution and Anger Management

- After School Recreational Activities

Middle School programs may include but are not limited to the following:

- Parent Training & Family Therapy

- Educational & Tutorial Services

- Conflict Resolution and Anger Management

- Mentoring

- After School Recreational Activities

High School to Maturity programs may include but are not limited to the following:

- Family Therapy

- Educational & Tutorial Services

- Conflict Resolution and Anger Management

- Mentoring

- Youth Employment / College Preparation

- Social and Afternoon activities (Recreational)

These are just examples of the types of services that can be provided during the different stages of development. These services will be discussed and formatted at the implementation level of this pilot program. Individual programs will inherently produce their own style of services to be provided. These will be examined in on-going discussions. Implementation discussions must include program barriers such as staff

burnout / turnover, the transition of youth in program stages and the long-term buy in and collaboration of community efforts.

Program Evaluation

As this will not be a three-year or short-term program, results may not be measured for quite some time. However, a process evaluation should be an integral part of this pilot program. The selection process, program services, objectives and goals should be monitored and evaluated on an on-going scale. The Criminal Justice Council Evaluation staff will provide technical assistance in this area from the start of this project.

Program Development Summary

This working paper is intended to provide statistics and discussion material for the purpose of reducing the incidence of violent crime in the City of Wilmington. Furthermore, we have detailed how prevention efforts are failing the population of young black males within the city. As a result, staff has outlined and provided samples of a prevention program that will select participants from this at-risk group and provide them services from an early age to maturity. This is the information that should fuel further discussion of this matter. These issues should be the catalyst for future program development.

Table: Curriculum Scope for Different Age Groups

The table on the following pages will help practitioners develop age-appropriate violence prevention curricula. It is reprinted with permission from:

Promoting Social and Emotional Learning: Guidelines for Educators. By Maurice J. Elias, Joseph E. Zins, Roger P. Weissberg, Karin S. Frey, Mark T. Greenberg, Norris M. Haynes, Rachael Kessler, Mary E. Schwab-Stone, Timothy P. Shriver. Alexandria, VA: Association for Supervision and Curriculum Development. pp. 133-138. Copyright ©1997 ASCD. All rights reserved.

For a copy of the book, contact:

Association for Supervision and Curriculum Development
1250 N. Pitt St.
Alexandria, VA 22314-1453
Phone: 800-933-2723
Fax: 703-299-8631
Web site: www.ascd.org

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Personal				
Emotion	• Can appropriately express and manage fear, helplessness, anger, affection, excitement, enthusiasm, and disappointment • Can differentiate and label negative and positive emotions in self and others • Increasing tolerance for frustration	• Expressing feelings in positive ways • Controlling own anger • Labeling observed emotions • Harmonizing of others' feelings	• Self-aware and self-critical • Harmonizing of own feelings	All areas should be approached as integrative: • Listening and oral communication • Competence in reading, writing, and computation. • Personal management: self-esteem, goal-setting/self-motivation • Learning to learn skills • Personal and moral evaluations of self, actions, behaviors • Beginning to focus on the future • Exploring meaning of one's life, life in general, transcendence • Taking care of self, recognizing consequences of risky behaviors (sexual activity, drug use), protecting self from negative consequences • Harmonizing of own and others' feelings • Adaptability: creative thinking and problem solving, especially in response to barriers/obstacles • Earning and budgeting money • Planning a career and preparing for adult role • Personal career development/goals—pride in work accomplished
Cognition	• Beginning to take a reflective perspective—role taking—What is the other seeing? What is the other feeling? What is the other thinking? What is the other intending? What is the other like? • Generating alternative possibilities for interpersonal actions • Emphasis on attention-sustaining skills, recall and linkage of material, verbalization of coping and problem-solving strategies used	• Knowing about healthy foods and exercising • Times when cooperation, planning are seen; at times, shows knowledge that there is more than one way to solve a problem • Setting goals, anticipating consequences, working to overcome obstacles • Focusing on strengths of self and others • Ability to think through problem situations and anticipate occurrences	• Recognizing the importance of alcohol and other drug abuse and prevention • Establishing norms for health • Setting realistic short-term goals • Seeing both sides of issues, disputes, arguments • Comparing abilities to others, self, or normative standards; abilities considered in light of others' reactions • Acknowledging the importance of self-statements and self-rewards	

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Personal				
Behavior	• Learning self-management (e.g., when waiting one's turn; when entering and leaving classrooms at the start and end of the day and other transition times; when working on something in a group or alone) • Learning social norms about appearance (e.g., washing face or hair, brushing teeth) • Recognizing dangers to health and safety (e.g., crossing street, electrical sockets, pills that look like candy) • Being physically healthy—adequate nutrition; screenings to identify visual, hearing, language problems	• Understanding safety issues such as interviewing people at the door when home alone; saying no to strangers on the phone or in person • Managing time • Showing respect for others • Can ask for, give, and receive help • Negotiating disputes, deescalating conflicts • Admitting mistakes, apologizing when appropriate	• Initiating own activities • Emerging leadership skills	
Integration	• Integrating feeling and thinking with language, replacing or complementing that which can be expressed only in action, image, or affectivity • Differentiating the emotions, needs, and feelings of different people in different contexts—if not spontaneously, then in response to adult prompting and assistance • Recognizing and resisting inappropriate touching, sexual behaviors	• Ability to calm self down when upset and to verbalize what happened and how one is feeling differently • Encouraging perspective taking and empathic identification with others • Learning strategies for coping with, communicating about, and managing strong feelings	• Being aware of sexual factors, recognizing and accepting body changes, recognizing and resisting inappropriate sexual behaviors • Developing skills for analyzing stressful social situations, identifying feelings, goals, carrying out requests and refusal skills	
Key concepts	honesty, fairness, trust, hope, confidence, keeping promises, empathy	initiative, purpose, goals, justice, fairness, friendship, equity, dependability, pride, creativity	democracy, pioneering, importance of the environment (spaceship Earth, earth as habitat, ecological environment, global interdependence, ecosystems), perfection and imperfection, prejudice, freedom, citizenship, liberty, home, industriousness, continuity, competence	relationships, healthy relationships, fidelity, intimacy, love, responsibility, commitment, respect, love and loss, caring, knowledge, growth, human commonalities, work/workplace, emotional intelligence, spirituality, ideas, inventions, identity, self-awareness

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Personal				
Behavior	• Learning self-management (e.g., when waiting one's turn; when entering and leaving classrooms at the start and end of the day and other transition times; when working on something in a group or alone) • Learning social norms about appearance (e.g., washing face or hair, brushing teeth) • Recognizing dangers to health and safety (e.g., crossing street, electrical sockets, pills that look like candy) • Being physically healthy—adequate nutrition; screenings to identify visual, hearing, language problems	• Understanding safety issues such as interviewing people at the door when home alone; saying no to strangers on the phone or in person • Managing time • Showing respect for others • Can ask for, give, and receive help • Negotiating disputes, deescalating conflicts • Admitting mistakes, apologizing when appropriate	• Initiating own activities • Emerging leadership skills	
Integration	• Integrating feeling and thinking with language, replacing or complementing that which can be expressed only in action, image, or affectivity • Differentiating the emotions, needs, and feelings of different people in different contexts—if not spontaneously, then in response to adult prompting and assistance • Recognizing and resisting inappropriate touching, sexual behaviors	• Ability to calm self down when upset and to verbalize what happened and how one is feeling differently • Encouraging perspective taking and empathic identification with others • Learning strategies for coping with, communicating about, and managing strong feelings	• Being aware of sexual factors, recognizing and accepting body changes, recognizing and resisting inappropriate sexual behaviors • Developing skills for analyzing stressful social situations, identifying feelings, goals, carrying out requests and refusal skills	
Key concepts	honesty, fairness, trust, hope, confidence, keeping promises, empathy	initiative, purpose, goals, justice, fairness, friendship, equity, dependability, pride, creativity	democracy, pioneering, importance of the environment (spaceship Earth, earth as habitat, ecological environment, global interdependence, ecosystems), perfection and imperfection, prejudice, freedom, citizenship, liberty, home, industriousness, continuity, competence	relationships, healthy relationships, fidelity, intimacy, love, responsibility, commitment, respect, love and loss, caring, knowledge, growth, human commonalities, work/workplace, emotional intelligence, spirituality, ideas, inventions, identity, self-awareness

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Peers/Social	• Being a member of a group: sharing, listening, taking turns, cooperating, negotiating disputes, being considerate and helpful • Initiating interactions • Can resolve conflict without fighting; compromising • Understands justifiable self-defense • Empathetic toward peers: showing emotional distress when others are suffering; developing a sense of helping rather than hurting or neglecting; respecting rather than belittling, and supporting and protecting rather than dominating others; awareness of the thoughts, feelings, and experiences of others (perspective taking)	• Listening carefully • Conducting a reciprocal conversation • Using tone of voice, eye contact, posture, and language appropriate to peers (and adults) • Skills for making friends, entering peer groups—can judge peers' feelings, thoughts, plans, actions • Learning to include and exclude others • Expanding peer groups • Friendships based on mutual trust and assistance • Shows altruistic behavior among friends • Becoming assertive, self-calming, cooperative • Learning to cope with peer pressure to conform (e.g., dress) • Learning to set boundaries, to deal with secrets • Dealing positively with rejection	• Choosing friends thoughtfully but aware of group norms, popular trends • Developing peer leadership skills • Dealing with conflict among friends • Recognizing and accepting alternatives to aggression and violence • Belonging is recognized as very important	• Effective behavior in peer groups • Peer leadership/responsible membership • Using request and refusal skills • Initiating and maintaining cross-gender friends and romantic relationships • Understanding responsible behavior at social events • Dealing with drinking and driving

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Family	• Being a family member: being considerate and helpful, expressing caring, and developing capacity for intimacy • Making contributions at home—chores, responsibilities • Relating to siblings—sharing, taking turns, intiating interactions, negotiating disputes, helping, caring • Internalizing values modeled in family • Self-confident and trusting—what they can expect from adults; believe that they are important; that their needs and wishes matter; that they can succeed; that they can trust their caregivers; that adults can be helpful • Intellectually inquisitive—like to explore their home and the world around them • Homes (and communities) free from violence • Home life includes consistent, stimulating contact with caring adults	• Understanding different family forms and structures • Cooperating around household tasks • Acknowledging compliments • Valuing own uniqueness as individual and as family contributor • Sustaining positive interactions with parents and other adult relatives, friends • Showing affection, negative feelings appropriately • Being close, establishing intimacy and boundaries • Accepting failure/difficulty and continuing effort	• Recognizing conflict between parents' and peers' values (e.g., dress, importance of achievement) • Learning about stages in adults' and parents' lives • Valuing of rituals	• Becoming independent • Talking with parents about daily activities, learning self-disclosure skills • Preparing for parenting, family responsibilities

Appendix A

	Preschool/Early Elementary (K-2) Early School	Elementary/Intermediate	Middle School	High School
School-Related				
Reasonable Expectations	• Paying attention to teachers • Understanding similarities and differences (e.g, skin color, physical disabilities) • Working to the best of one's ability • Using words effectively, especially for feelings • Cooperating • Responding positively to approval • Thinking out loud, asking questions • Expressing self in art, music games, dramatic play • Likes starting more than finishing • Deriving security in repetition, routines • Able to articulate likes and dislikes, has clear sense of strengths, areas of mastery, can articulate these, and has opportunities to engage in these • Exploring the enviroment • Self-confident and trusting—what they can expect from adults in the school; believing that they are important; that their needs and wishes matter; that they can succeed; that they can trust adults in school; that adults in school can be helpful	• Setting academic goals, planning study time, completing assignments • Learning to work on teams • Accepting similarities and differences (e.g., appearance, ability levels) • Cooperating, helping—especially younger childen • Bouncing back from mistakes • Able to work hard on projects • Beginning, carrying through on, and completing tasks • Good problem solving • Forgiving after anger • Generally truthful • Showing pride in accomplishments • Can calm down after being upset, losing one's temper, or crying • Able to follow directions for school tasks, routines • Carrying out commitments to classmates, teachers • Showing appropriate helpfulness • Knowing how to ask for help • Refusing negative peer pressure	• Will best accept modified rules • Enjoys novelty over repetition • Can learn planning and management skills to complete school requirements	• Making a realistic academic plan, recognizing personal strengths, persisting to achieve goals in spite of setbacks • Planning a career/post-high school pathways • Group effectiveness: interpersonal skills, negotiation, teamwork • Organizational effectiveness and leadership—making a contribution to classroom and school

Appendix A

	Preschool/Early Elementary (K-2) School	Elementary/Intermediate	Middle School	High School
Appropriate Environment	• Clear classroom, school rules • Opportunities for responsibility in the classroom • Authority clear, fair, deserving of respect • Frequent teacher redirection • Classrooms and school-related locations free from violence and threat • School life includes consistent, stimulating contact with caring adults	• Opportunities to comfort peer or classmate in distress, help new persons feel accepted/included • Being in groups, group activities • Making/using effective group rules • Participating in story-based learning • Opportunities to negotiate • Time for laughter, occasional silliness	• Minimizing lecture-mode of instruction • Varying types of student products (deemphasize written reports) • Opportunities to participate in setting policy • Clear expectations about truancy, substance use, violent behavior • Opportunities for setting, reviewing personal norms/standards • Group/academic/extracurricular memberships	• Guidance/structure for goal setting, future planning, post-school transition • Opportunities for participating in school service and other nonacademic involvement • Being a role model for younger students
Community	• Curiosity about how and why things happen • Recognizing a pluralistic society (e.g., aware of holidays, customs, cultural groups) • Accepting responsibility for the environment • Participating in community events (e.g., religious observances, recycling)	• Joining groups outside the school • Learning about, accepting cultural, community differences • Helping people in need	• Understanding and accepting differences in one's community • Identifying and resisting negative group influences • Developing involvements in community projects • Apprenticing/training for leadership roles	• Contributing to community service or environmental projects • Accepting responsibility for the environment • Understanding elements of employment • Understanding issues of government
Events Triggering Preventive Services	• Coping with divorce • Dealing with death in the family • Becoming a big brother or big sister • Dealing with family moves	• Coping with divorce • Dealing with death in the family • Becoming a big brother or big sister • Dealing with family moves	• Coping with divorce • Dealing with death in the family • Dealing with a classmate's drug use or delinquent behavior	• Coping with divorce • Dealing with death in the family • Dealing with a classmate's drug use or delinquent behavior, injury or death due to violence, pregnancy, suicide, HIV/AIDS • Transition from high school to workplace, college, living away from home

Appendix A

EXECUTIVE SUMMARY

Between 1996 and 2000 the City of Wilmington had 403 shootings. Analysis of the shooting victims reveals the following:

- ❑ Males accounted for 89.6% of the shooting victims.
- ❑ Black males accounted for 79.7% of the shooting victims.
- ❑ Seventy one percent (71.2%) of the victims had a criminal history.
- ❑ Black males accounted for 59.5% of the victims with criminal histories.
- ❑ Black males accounted for 19.9% of the victims without criminal histories.
- ❑ The majority of victims (77.9%) were between the age of 14 and 30 years old.
- ❑ Although the majority of victims had prior arrests, only 29.8% of the victims were classified as career criminal candidates.
- ❑ The majority of victims did not have prior drug (52.6%) or weapons (68.7%) arrests.
- ❑ The majority of victims (96.8%) were shot with handguns.

Analysis of the shooting suspects reveals the following:

- ❑ The ages of the suspects for the majority of cases (69.2%) are unknown.
- ❑ The majority (58.5%) of cases are open and a third of cases (34.9%) resulted in arrests.
- ❑ Of the 124 cases in which the age of shootings suspects is available,
  - o Young adults between 18 and 21 years old conducted 51.6% of the shootings.
  - o Young adults between 14 and 25 years old conducted 71.8% of the shootings.
- ❑ The majority (83.1%) of the total known suspects by race (N=335) were black males.
- ❑ Of the 124 cases in which arrest history data on suspects is available,
  - o 25.8% had no felony arrests,
  - o 27.4% had no misdemeanor arrests,

o 34.7% had no drug arrests,

o 35.5% had no weapons arrests,

o 62.1% had three or more felony arrest,

o 62.1% had three or more misdemeanors arrests,

o 55.6% had more than one drug arrest, and

o 54.8% had more than one weapons arrest.

Analysis of the shootings revealed the followings:

❑ Eleven percent the shootings ended with fatalities.

❑ The majority of shootings (55.7%) occurred on Thursdays, Saturdays and Sundays.

❑ The majority of shootings (63.2%) occurred between 7p.m. and 2 a.m.

❑ The single hour with the most shootings was between 11p.m. and 12 a.m.

❑ More than half of the shootings (53%) occurred during the fall and winter (September – March) months, the two coldest periods of the year.

❑ Regardless of the weather, the highest numbers of shootings occur after dusk.

❑ Drug related shootings (N=94) accounted for the single highest known motivation for the shootings (24%) followed by robbery I (20%).

❑ Of the 124 shootings in which the criminal history of the suspects are known,

o Career criminal candidates did not dominate the shootings.

o 46% of the shootings were conducted by Career Criminal Candidates (CCC).

o Shooting suspects with one or more felony arrest were responsible for the majority (75%) of Assault I cases and the majority (68%) of Murder I cases.

o Shooting suspects with one or more misdemeanor arrest accounted for the majority (60%) of the Assault I cases and the majority (72%) of Murder I cases.

In regard to victim / suspect relationships:

- Eighty-seven percent (87.8%) of the shootings involved black victims and ninety-two (92.5%) percent of the known suspects were black.
- Of the 124 shootings in which the classification of the suspect is known,
  - Sixty-one (46%) of the cases involved career criminal candidates as suspects and 29.8%of the victims were career criminal candidates.
  - Almost twenty-seven (26.9%) percent of the CCC victims were between 18 and 21 years old and 27.5% of the CCC victims were between the age of 22 and 25 years old.
  - More than half (54.3%) of the CCC suspects were between 18 and 21 years old and 21% of the CCC suspects were between 22 and 25 years old.
  - The majority of CCC victims (70%) and suspects (87.7%) were between 14 and 25 years old.
  - The majority (58.9%) of the shootings were conducted by young adults between the age of 18 and 25 years old.
  - Of the identified motives (N=105) for shootings attributed to suspects, the top three were drug related (22.8%) and argument (20%), and robbery (15.2%).

- Of the identified motives (N= 66) for shootings attributed to victims, the top three were drug related (35.3%), robbery (30.4%) and argument (11%).
- The victim of the shootings tended to be non-CCC (N=283) rather than a CCC (N=120).
- Non-career criminal candidates are likely to shoot non-criminal candidates and career criminal candidates are likely to shoot non-criminal candidates.

YOUTH VIOLENCE WORKING PAPER

INTRODUCTION

Arthur Garrison of the Criminal Justice Council recently completed a five year

analysis of shooting incidents in the City of Wilmington. The purpose of this analysis is

to better pinpoint law enforcement activities in the reduction of shootings. A side

benefit of the study is that we can analyze the neighborhoods and ethnic background of

the shooters and shootees, so that we can attempt to provide prevention services for

people living in those affected neighborhoods.

The depressing part of Arthur's report is, that, over 80 percent of the shooters

and shootees, over a five year period, are African-American males between the ages

of 18 and 25. If we look at the criminal justice system as a pyramid, at the very top of

the pyramid are two-time violent felons who are at the highest risk of using guns. It is

irrefutable that young African-American males are at the highest risk. If we work our

way down the pyramid, we can extrapolate, that, many more African-American young

men are somewhere on a continuum of the criminal justice, juvenile justice, social

problem arena.

Some facts have been proven over and over again and are irrefutable. These

facts include:

1.   An overwhelming majority of the shooters and shootees in the City of Wilmington

are African-American males between the ages of 18 and 25.

2.   The overwhelming majority of the shooters and shootees in the City of Wilmington

are two-time violent felons.

3.   Five Criminal Justice Council studies and two youth birth cohorts by Marvin Wolfgang, University of Pennsylvania (now deceased), indicated that two-time violent felons had the highest risk of recidivism with another violent crime.

4.   The shootings in the City of Wilmington reoccur in the same general geographic areas. These areas include Southbridge, East Side, Riverside, Eastlake, Market Street area (know as the bucket), and West Center City.

Risk factors associated with criminality have proven over and over again to include:

1. Low education level

2. High drop out rate from school

3. Offspring from single teenage mother

4. History of child abuse

5. History of dysfunctional households where the State was forced to remove the child

6. Committing the first offense before the age of 14

7. Long term institutional racism

8. Failure of governmental entities to governmental private, non-profit religious and family entities in assisting young people

9.   Young people failing the same institution system

Hopefully, I have covered all of the areas that we can agree on (that have affected the violent perpetrators in the City of Wilmington). The question is, how can we reduce the number of African-American males, ages 18-25, from shooting and killing each other over the drug trade and other criminal activity? Obviously, the

Youth Violence Paper (Kane)   Appendix C

answer is somewhere in the arena of prevention.

The Criminal Justice Council and other private, non-profit, and other government entities spent the last 20 years focusing most of their resources in the poor neighborhoods. The Criminal Justice Council has focused much of its prevention money to the holistic approaches, working with virtually every youth center in Wilmington and the State. The Council has gone as far as creating Boys and Girls Clubs and PAL's where none previously existed. The Council has invested much money in tutoring at-risk youth and providing targeted programs for kids, that we know, could end up in the criminal justice system. We have used the machine gun approach in a finite manner, with a finite population, and a finite amount of time. Obviously, we have not been successful in reducing the rate of African-American males from committing violent crimes.

I have been working with Arthur Garrison, Criminal Justice Council Coordinator, who performs research on a variety of areas, to discuss some ideas. Our ideas include:

1.   Taking a child, at a relatively early age (example, 4 years old), and work with this child through their 18 or 22 birthday. They are providing this youth (regardless of their home life) with some type of continuum of treatment that would provide elements which countless consultants have indicated promote a healthy adult. These are: (a) community; (b) family; (c) school; (d) peers. We were thinking in terms of utilizing an existing youth center, Boys/Girls Club, PAL, etc., that, would be the household (so to speak) for this group of children who have already demonstrated a certain demographic profile. Other agencies could work with the child to provide the stability, nurturing,

education, values, etc. that a child needs to become a healthy adult.

Obviously, we cannot look at this as a three year project or as a finite endeavor, multiple agencies would have to be involved and pass the child along as the child matures, and personnel burn out can move on to other functions.

By way of this rambling working paper, I am asking you to participate in a meeting to discuss what a program like this would look like, and how we could best, as a group, proceed to help young people. I would prefer that we not work on pontificating and reliving the problem, or how we came to this problem. I would rather endeavor to solve the problem than rehash how we came to this situation.